



JPW

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appl. No.: 10/604,551  
Applicant(s): Robert Ehrhardt  
Filed: July 30, 2003  
Art Unit: 2853  
Examiner: J. Huffman  
Title: LABEL PRINTER WITH LABEL EDGE DETECTOR

Confirmation No.: 1550

Docket No.: 047717/274789  
Customer No.: 00826

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**AMENDMENT**  
**37 C.F.R. § 1.121**

Sir:

In response to the Office Action dated January 7, 2005, please amend the above-identified application as follows:

**Amendments to the Claims** are reflected in the listing of claims beginning on page 2 of this paper.

**Remarks** begin on page 7 of this paper.

04/18/2005 PYA:JORD 00000000 160505 10504551

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**PATENT APPLICATION FEE DETERMINATION RECORD**  
Effective October 1, 2003

Application or Docket Number

10604551

**CLAIMS AS FILED - PART I**

	(Column 1)	(Column 2)
TOTAL CLAIMS		
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	24 minus 20 =	* 4
INDEPENDENT CLAIMS	2 minus 3 =	*
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

\* If the difference in column 1 is less than zero, enter "0" in column 2

**CLAIMS AS AMENDED - PART II**

*ProAmend*

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	7/27/04	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR
Total	* 34	Minus	** 24 = 10
Independent	* 3	Minus	*** 3 =
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

1, 13

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	4/11/05	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR
Total	* 18	Minus	** 34 =
Independent	* 5	Minus	*** 3 = 2
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR
Total	*	Minus	** =
Independent	*	Minus	*** =
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  
 \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  
 \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

RATE	FEE		RATE	FEE
BASIC FEE	385.00	OR	BASIC FEE	750
X\$ 9=		OR	X\$18=	72-
X43=		OR	X86=	
+145=		OR	+290=	
TOTAL		OR	TOTAL	822

SMALL ENTITY OR

OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	180
X43=		OR	X86=	2
+145=		OR	+290=	3
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	180

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	3
X43=		OR	X86=	400
+145=		OR	+290=	3
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	400

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	
X43=		OR	X86=	
+145=		OR	+290=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	